

"Muriatic acid not only dissolves the thick tenacious mucus of the cervix, but the hard, blood-coagula formed by persulphate of iron. This fact I think worthy of note.

"I will not say that I would proscribe the use *in toto* of solid nitrate of silver, or the concentrated solution of chromic acid. When other remedies fail me, I may be driven to their use, but not without fear and trembling, having fresh in my memory several cases in which deplorable results have followed the use of these remedies even in experienced hands."

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*Adipose Deposits in the Omentum and Abdominal Walls of Woman as a Source of Error in Diagnosis.*—Dr. Geo. PEPPER read a paper on this subject before the Philadelphia Obstetrical Society and related three illustrative cases.

All three patients had experienced considerable anxiety at the occurrence, and in two instances they firmly believed themselves pregnant, so that one of them even had engaged her accoucheur. The third fancied herself the victim of ovarian disease, and was beginning to fail in health, owing to the ever-present dread this thought inspired. In the first case, the excessive deposition of fat took place at the termination of the menstrual life, and after an exhausting uterine hemorrhage had been checked; in the second, after the cure of a profuse purulent uterine and vaginal discharge; whilst in the third, after a rather unusually abrupt cessation of the catamenia. In all, some accustomed discharge had ceased; and in all the deposition of fat took place principally in the abdominal walls, and probably in the omentum and various tissues of the abdomen and pelvis, without materially implicating other portions of the body. It appears improbable that, in any or each of these three cases, the enlargement of the abdomen could have been merely an accidental concomitant, for it so promptly followed the cessation of the habitual discharge, and continued to increase so regularly for a time, and yet came to a stand-still, or diminished, without any material aid from treatment.

"The diagnosis of these conditions," Dr. P. remarks, "should be made only after a careful consideration of the history, and a thorough physical examination of the patient; for only by such a combination can an intelligent opinion be formed. The fact of a recent suppression of the menses, or of some other habitual discharge, and, coincidentally with this, the abdominal enlargement, must strongly direct suspicion, especially if from her age, or other circumstances it would appear improbable that the woman had conceived. As a rule, the more profuse the discharge has been, and the more sudden the cessation, other things being equal, the greater will be the deposit of adipose tissue, and the more profound the psychical impression on the patient."—*American Journ. Obstetrics*, May, 1870.

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*Ovarian Tumour; two Pregnancies during its Existence; Extirpation; Recovery, and third Pregnancy following.*—Dr. A. B. CROSBY records (*Michigan Univ. Med. Journ.*, March, 1870) an interesting case of this, the subject of which was 28 years of age, commenced to menstruate at 16, and was married at 25. Two months after marriage menstruation ceased.

Two months subsequently there was evident enlargement of the abdomen, which attracted little attention, because the patient was suffering from nausea. Six months after marriage there existed marked pain in the right iliac region. The abdomen was very prominent, and just below the umbilicus measured 42 inches. The usual signs of pregnancy existed, and it was supposed to be complicated with ascites. At full term she was delivered of a healthy boy. After confinement the abdomen only slightly diminished in size. Six months after the birth of her child paracentesis abdominis was performed, and thirty-five pounds of a slightly amber-coloured fluid removed. A small, solid tumour, the size of a hen's egg, could now be detected. A month later Prof. D. Crosby saw the patient and diagnosticated ovarian dropsy. One month after this (June, 1863) the patient again became pregnant. In January, 1864, she was tapped, and in March was delivered of a healthy girl.

On the 15th of June following she was again tapped, after which, a tumour about the size of a pint bowl could be felt in the left iliac region.

During the latter part of the nine months after the last tapping the tumour increased rapidly in size, and the patient desired its removal; which operation was performed March 22d, 1865. On September 1st, 1866, she was delivered of a living, healthy, male child, after a natural labour.

*Spasmodic Action of the Abdominal Muscles simulating the Motions of the Fœtus in Utero.*—A very curious case of this, which persisted for eight years, is related (*Boston Med. & Surg. J.*, May 5, 1870) by Dr. C. G. PUTNAM. The subject of it was the mother of three children, æt. 40, well proportioned and healthy.

When first seen by Dr. P. the enlargement of the abdomen appeared to be that of the full period of gestation. He noticed the frequent occurrence of abrupt vertical motions so strong, at times, as to jerk the whole trunk of the body, and cause her to "catch her breath." "Occasionally she swayed from side to side, as if compelled to yield to heavy lateral plunges within. She thought herself to be near the close of pregnancy, and a short time previously the late Dr. Gay, who requested me to take charge of the case, had passed a night in the house in expectation of the parturition. I made a cursory auscultation; but heard only the intestinal sounds, and without further investigation left her, with the presumption that she was on the eve of confinement.

"On my next visit a thorough, careful auscultation satisfied me that there was neither soufflet nor fœtal pulsation. I then ascertained that the texture and length of the neck of the uterus were not changed, and that the uterus was not materially, if at all, increased in size, so that if there was an ovum it was not, at least, intra-uterine. This was in February, 1850. Upon questioning, she then said that her last child was born in February, 1846, weaned in April, 1848. Menstruation immediately occurred and continued till July, 1848. In May, 1849, she was as large as at the full term. In December, 1849, seven months afterward, had a fall, flowed profusely, and supposed she had miscarried.

"From this point the record of the case went on as follows: May 31st, 1850.—Menstruation now present. Has suffered from "bearing down." Os and cervix uteri less firm than before. Externally a sulcus an inch and a half broad and about an inch deep, extends from three inches above to three inches below the umbilicus, which latter is thus in a deep groove or pit. Abdomen more prominent on the left than on the right; resonant on percussion. The breasts enlarged and tender; follicles of areolæ turgid and moist. July 28th, 1850.—The sensation of distension "cramming" in the abdomen so great as to cause faintness. No change in the cervix or fundus. Abdomen now more prominent on the right. September 7th, motion less, but the feeling of distension greater.

"March 25th, 1852.—For the last nine months has been gradually but very decidedly lessening in size. Menstruation has recurred. May, 1852.—I find the size increasing. The motion is violent, and on pressing the abdomen a solid body, apparently, rolls under the hands or is thrown from side to side, as if from an alternate action of the recti muscles. Jan. 1st, 1853.—No menstruation since July, 1852. Nov. 1853.—Constant pain in back and limbs—cannot lie in bed for more than an hour—often passes the night in her chair."

The case gave rise to various opinions, but the patient was persuaded that she was pregnant.

"On the last of October, 1857, she was suddenly attacked with painful vomiting and retching, great distress and jactitation. The liver could be felt below the edge of the ribs. Jaundice ensued, and without mitigation of symptoms, continued till her death, which took place in a fortnight after this acute attack.

"At the autopsy there was found—nothing: that is to say, nothing to account for the chronic affection. The abdominal parietes were somewhat more than two inches in thickness. There was enlargement and granulation of the liver, of recent origin. There was a degree of adipoceros transformation in the omentum, but it did not affect its size, and could not be associated with nor explain the phenomena. No unusual distension either of the large or small intestine. Uterus and appendages normal."